

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | W-17 | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

(00574) 6.3.3A

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|--------|
| 1 | ✓ | ✓ | 5/2/03 |
| 2 | ✓ | ✓ | 5/2/03 |
| 3 | ✓ | ✓ | 5/2/03 |
| 4 | ✓ | ✓ | 5/2/03 |
| 5 | ✓ | ✓ | 5/2/03 |
| 6 | ✓ | ✓ | 5/2/03 |
| 7 | ✓ | ✓ | 5/2/03 |
| 8 | ✓ | ✓ | 5/2/03 |
| 9 | ✓ | ✓ | 5/2/03 |
| 10 | ✓ | ✓ | 5/2/03 |
| 11 | ✓ | ✓ | 5/2/03 |
| 12 | ✓ | ✓ | 5/2/03 |
| 13 | ✓ | ✓ | 5/2/03 |
| 14 | ✓ | ✓ | 5/2/03 |
| 15 | ✓ | ✓ | 5/2/03 |
| 16 | ✓ | ✓ | 5/2/03 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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